

1034

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Miami County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH*	July 28 1923 (Month) (Day) (Year)		
FULL NAME	FATHER Julio Modesto Reyna		
FULL MAIDEN NAME	MOTHER Isabel Madal		

I HEREBY CERTIFY that the child described
herein has been namedVirginia Reyna
(Give name in full) (Surname)Isabel Reyna
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M-8-42-Bower Co.

591-728-943